

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket: MAOR2

In re Application of:) Attn: Refund Section
Zeev MAOR) Alexandria, V.A.
)
Appln. No.: 09/582,522) Conf. No.: 8228
)
Filed: August 24, 2000) Alexandria, V.A.
)
For: A GEL COMPOSITION FOR SKIN) April 11, 2007
CARE AND PROTECTION AND...)

REQUEST FOR REFUND

BOX M. Fee
Honorable Commissioner of Patents
U.S. Patent and Trademark Office
Randolph Building, Mail Stop M Correspondence
Alexandria, VA 22314

Sir:

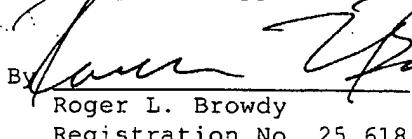
Applicant hereby claims small entity status. See 37
C.F.R. §1.27.

Pursuant to 37 C.F.R. §1.28(a), request is hereby made
for refund of that portion of the \$1,500.00 fee paid in the above-
identified application on February 9, 2007, in excess of that
amount which would have been due had small entity status been
claimed at the time of said payment.

The undersigned hereby requests that the refund due in
the amount of \$750.00 be credited to the credit card to which the
payment was originally charged, or to deposit account no. 02-4035.

Respectfully submitted,

BROWDY AND NEIMARK, P.L.L.C.
Attorneys for Applicant(s)

By 
Roger L. Browdy
Registration No. 25,618

Credit Card Refund Total: \$130.00

Am Exp.: XXXXXXXXXX1004

RLB:tst

Telephone No.: (202) 628-5197

Faxsimile No.: (202) 737-3528

G:\BN\CO\cohn\Maor2\PTO\2007-04-11Requestforrefund.doc

Adjustment date: 12/14/2007 CKHLOK

04/16/2007-SDIRETA1-00000006-09582522

-130.00 OP

01 FC:1464

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 12/13/07 2 Serial/Patent # 91582522

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
✓	Petition	PET. OP	2/9/07	\$ 130
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$

7 TOTAL AMOUNT OF REFUND \$ 130

8 TO BE REFUNDED BY:

10 REASON:	Treasury Check							
✓ Overpayment	X Credit Deposit A/C #:							
Duplicate Payment	9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>2</td><td>--</td><td>4</td><td>0</td><td>3</td><td>5</td></tr></table>	0	2	--	4	0	3	5
0	2	--	4	0	3	5		

130 Fee unnecessary because petition fee of 750 already paid.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Diane Goodwyn TITLE: Paralegal

SIGNATURE: Diane Goodwyn PHONE: 2-6735

OFFICE: OP

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: OK

DATE: 12/14/07

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B